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SUBJECT: INTERAGENCY CORDINATION, BEST PRACTICES AND LESSONS LEARNED THROUGH PEPFAR AND PMI I

REF: STATE 00112759

Review of Best Practices and Obstacles

¶1. The PresidentQs Emergency Plan for AIDS Relief (PEPFAR) team in Indonesia will submit a Mini-Country Operational Plan on November 15, 2008, and will discuss interagency coordination in its Management and Staffing narrative. Indonesia is a priority USG focus country for tuberculosis, having the third highest burden in the world after India and China. USAIDQs partners actively support the National Tuberculosis Program (NTP). Indonesia is not a Presidential Malaria Initiative (PMI) focus country, although USAID supports a small program in malaria-endemic areas of Eastern Indonesia which focuses on prevention, rapid diagnosis and prompt treatment for pregnant women and their children.

¶2. (SBU) Should the PEPFAR reauthorization bill result in funding increases for HIV/AIDS, malaria and tuberculosis, a strong case could be made for increasing support for tuberculosis, especially such NTP priorities as creating local capacity to manage multi-drug resistant tuberculosis (MDR-TB), establishing infection control in hospitals, training a large pool of public and private sector physicians in DOTS (Direct Observed Treatment Short Course) and International Standards for Tuberculosis Care (ISTC), and strengthening the health system to ensure that an effective nation-wide drug management and logistics system is in place. Given the likelihood for approval of Round 8 proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, there will be sharply increased needs for technical oversight to ensure that these activities are effectively and transparently rolled out.

¶3. (SBU) PEPFAR Indonesia was invited to submit a concept note for a Partnership Compact on September 30, 2008. If approved, the additional funding will be used to broaden the scope of the PEPFAR program in Indonesia from one focused primarily on Most-atQRisk-Populations (MARPs) to include technical assistance targeted at the national level and for health systems strengthening in Tanah Papua.

Agency Core Strengths

¶4. Under the leadership of the Ambassador, USG agencies maintain a core team of highly-skilled and dedicated national and expatriate staff to effectively manage the implementation of the PEPFAR program in Indonesia. The current USG PEPFAR presence is comprised of STATE, USAID, and DOD(PACOM). These agencies maintain strong in-country

coordination on HIV/AIDS. The HHS/CDC/ Global AIDS Control Program (GAP) regional office in Bangkok provides support to several countries in the region. Although Indonesia is not a direct GAP country, HHS/CDC has full-time staff working on influenza. A new Peace Corps program has been considered for Indonesia in 2009, contingent on funding. Peace Corps has a long history of involvement with development assistance activities in the health sector.

15. Staffing for Results (SFR) is focused on assuring the comprehensive integration and support of the Government of Indonesia's 2007-2010 National HIV/AIDS Strategic Plan. The positions and functions included in the management and staffing budget line are essential to effective planning, implementation and monitoring of the Emergency Plan. STATE, through its ECON section, is engaged with the PEPFAR process throughout the annual planning cycle. DOD activities and programs are managed by staff located in PACOM/Hawaii, while in-country liaison is provided by the Office of Defense Cooperation. Currently, USAID has one USPSC, one USDH, one technical FSN and two FSN support staff. A collaborative interagency process is maintained through regular communications and field visits.

Looking Forward

1A. The F process, in conjunction with the PEPFAR requirements, creates a significant management burden on posts. This burden has resulted in a significant deflection of staff time away from managing programs towards managing inter agency processes. Overtime, this could dramatically exacerbate vulnerabilities, particularly

in an environment like Indonesia where corruption is still a major issue. Further attempts to simplify, streamline and reconsider the administrative burdens imposed by these processes would be greatly appreciated. The Government of Indonesia (GOI) is still pleased to work with us on these and other issues, but they have expressed a desire for a better partnership. They do not believe that these processes and US bilateral assistance investments, including PEPFAR are consonant with the principles of the Paris Declaration. To a great extent, they see the processes and investment decisions as being driven by Washington and not by the development needs and priorities of Indonesia. The Partnership Compact prospect presents an opportunity to offset this, assuming that it really does enable better and more effective shared responsibility and choice.

1B. The GOI and the donors here are strong proponents of the best practices for aid effectiveness exemplified in the Paris Declaration of the DAC.

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